

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

10438

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Gambrill Park
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Gambrill Park
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

CALVIN LUTHER ABB

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 28, 1869 6.(c) If alive, give age 79 years

8. AGE: Years 79 Months 9 Days 3 If less than one day hrs. min.

9. Birthplace Nr. Gambrill Park-Fred'k-Md.
 (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Henry Abb

13. Birthplace Frederick County Maryland

14. Maiden name Anna Mary Whipp

15. Birthplace Frederick County Maryland

16. Informant Mrs. Chester Cooper

Address New Market, Maryland

17. Burial Date thereof 11/3/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Springs Cemetery

Location Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 2 Nov 19 48 Elizabeth G. Hall
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1948 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to Oct 31 19 48

and that I last saw him alive on October 28 19 48

Immediate cause of death Cardiac Valvular Disease DURATION

Due to Arterio Sclerosis

Other conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Baume & Co M. D.

Address Frederick, Maryland Date signed 11-1-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10439

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
St. Joseph's Central House
Stay in hospital or inst. (yrs., or mos., or days) 10 years
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Emmitsburg, Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Josephine Ahern (Sister Josephine)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Religious

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 3, 1875

8. AGE: Years 72 Months 11 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace N.Y. City
(Town, county, and state)

10. Usual occupation Domestic duties

11. Industry or business _____

FATHER 12. Name Jeremias Ahern

13. Birthplace Cork, Ireland

MOTHER 14. Maiden name Delia Obrey

15. Birthplace N.Y. City

16. Informant Sister Martina

Address St. Joseph's Central House

Emmitsburg Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Oct. 11, 1948
(month) (day) (year)

Cemetery or crematory St. Joseph's Private Cem.

Emmitsburg, Maryland

Location _____

18. Funeral director S. L. Allison

Address Emmitsburg, Maryland

19. Oct-8-48 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1948, at 8:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15-48 to Oct 7-48

and that I last saw her alive on Oct 7-48

Immediate cause of death Cerebral hemorrhage (hr)

Due to Hypertension several years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cade md M. D. or other _____

Address Emmitsburg Date signed 10-8-48

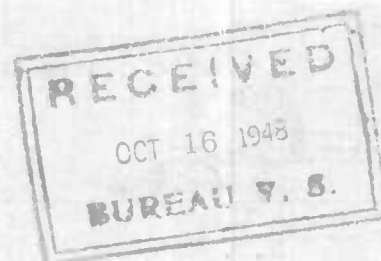
PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10440

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 334 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN HENRY ALEXANDER

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W6.(b) Name of husband or wife Mae Hawker5.(c) If alive, give age 17 years7. Birth date of deceased (mo., day, yr.) September 14, 18808. AGE: Years 68 Months 1 Days 11 If less than one day hrs. min.9. Birthplace Nr. Jefferson-Frederick-Maryland
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name Martin E. Alexander13. Birthplace Frederick County Maryland14. Maiden name Mary S. Stockman15. Birthplace Frederick County Maryland16. Informant Ross R. AlexanderAddress 334 N. Market St., Frederick, Md.17. Burial 10/28/48
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 28 Oct 1948 Elizabeth G. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25th 1948 at 8:30P. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 17 1948 to Oct. 25 1948
and that I last saw him alive on Oct. 25 1948Immediate cause of death Aortic Stenosis DURATION year +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. H. Thomas M. D.Address Frederick, Maryland Date signed 10-26-48

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

61

10441

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Burkittsville - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Pleasant View

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

George Valentine Arnold

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
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6.(b) Name of husband or wife M. Portia Rowland6.(c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) February 14, 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>10</u> hrs. min.

9. Birthplace Nr. Burkittsville-Frederick-Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Arnold13. Birthplace Frederick County Maryland14. Maiden name Anna Ray15. Birthplace Frederick County Maryland16. Informant Mrs. G. V. ArnoldAddress Near Burkittsville, Maryland17. Burial Date thereof 10/27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Pleasant View CemeteryLocation Near Burkittsville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 25-Oct-48 Elizabeth G. Heck
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24th. 19 48 at 5:55 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 12 19 48 to Oct 24 19 48
and that I last saw him alive on Oct 23 19 48

Immediate cause of death

Coronary Occlusion
& acute myocardial failure

DURATION

10 mDue to Myocarditis Toxic 8 DaysDue to Bronchopneumonia 7 DaysOther conditions Diabetes Mellitus 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?23. SIGNATURE A. J. Price M. D.Jefferson M. D. or other 10/24/48
Address — Date signed 10/24/48

RECEIVED

OCT 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10442 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town New Windsor
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mary Ellen Backman

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widow

5. (b) Name of husband or wife

David A. Bachman

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

85315

hrs.

min.

9. Birthplace

Carroll County, Md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Josiah Lawyer

13. Birthplace

Maryland

14. Maiden name

Ann Bowman

15. Birthplace

Maryland

16. Informant

Charles F. Bachman

Address

New Windsor

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

10/8/48
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Sanctuary, Md

18. Funeral director

D. Hestler & Sons

Address

New Windsor & Union Bridge, Md

19.

(Date rec'd by registrar)

6 Oct19 48Elizabeth V. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 19 48, at 2:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ 19 _____
and that I last saw her dead Oct 6 19 48
live on _____ 19 _____

Immediate cause of death

Fracture of rt hip
General debility

DURATION

20 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Sept 16, 48Where did injury occur? New Windsor (City or town) md (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Fall down steps Injured at work? no

23. SIGNATURE

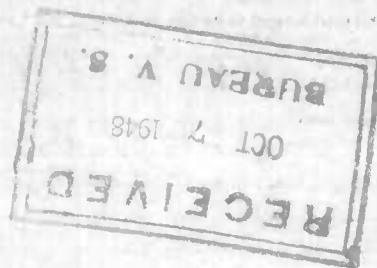
P. V. Barr Deputy Med
Frederick, Md Ex
Address _____ Date signed 10.6.48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10443

Reg. Dist. No. 181

1. PLACE OF DEATH

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Fredrick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)Street No. -
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

John Thomas Barry

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced*

Single

6. (b) Name of husband or wife

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.)

February 24, 1863

8. AGE:

Years 85 Months 7 Days 27 If less than one day
..... hrs. min.9. Birthplace Emmitsburg, Fredrick Co. Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Thomas Barry13. Birthplace Ireland14. Maiden name Margaret Jordan15. Birthplace Scotland16. Informant Mrs Robert FitzgAddress Rocky Ridge, Md.17. Buried Date thereof Oct. 23, 1948
(Burial, cremation, or removal) (month) (day) (year)Cemetery or St. Anthony'sLocation St. Anthony's, Md.18. Funeral director Mr. L. Rodgers & SonAddress Thurmont, Md.19. Oct. 22, 1948 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1948 at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Oct 21 1948

Immediate cause of death

Fracture of skull
3rd

DURATION

2 days

Due to

Auto accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10.19.48Where did injury occur? Fredrick, Fredrick Co. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) W. 4th St.Means of injury Struck by auto Injured at work? noSignature P. W. Baer or otherAddress P. W. Baer Date signed 10.21.48

RECEIVED

OCT 25 1918

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

10444

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 8/23/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 8/23/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore 23, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1706 Hollins Street
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. Melvin Becker

3. (b) Social Security Number

705-05-2627

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife _____
6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 20, 1900

8. AGE: Years 48 Months 5 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Ass't Personnel Manager

11. Industry or business

12. Name August F. Becker
13. Birthplace Baltimore, Maryland

14. Maiden name Mary E. Stewart
15. Birthplace Baltimore, Maryland

16. Informant Patient

Address Burial 10-27-48
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Loudon park
Baltimore Md.

Location F. A. COLE

18. Funeral director 1200 W. Lombard Balto Md.

Address _____
19. Oct 48 J. Ballin Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 19 48 at 4:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23, 19 48 to Oct. 24, 19 48
and that I last saw him alive on October 24, 19 48

Immediate cause of death Osteitis deformans DURATION 7mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. W. Ballin M. D. or Street

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

10445

832

1. PLACE OF DEATH:

County Fredrick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catherine Bollinger

3. (b) Social Security Number

4. Sex Fm 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife John A. Bollinger
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 27, 1871
 8. AGE: Years 77 Months 8 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Adams Co., Penna.
 (Town, county, and state)
 10. Usual occupation House Keeper
 11. Industry or business _____

MOTHER FATHER
 12. Name Daniel Sterner
 13. Birthplace Adams CO, Pa.
 14. Maiden name Anna Eliza Kane
 15. Birthplace Maryland.

16. Informant Barrie B. Hartzell
 Address Emmitsburg, Maryland

17. burial Date thereof October 5, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. View
 Location Emmitsburg, Md.

18. Funeral director S. L. Allison
 Address Emmitsburg, Maryland.

19. Oct 4 1948 W. F. Snuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct 2 1948
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to Oct 2 1948
 and that I last saw him alive on Oct 2 1948

Immediate cause of death Cerebral hemorrhage DURATION 36 hrs
 Due to Hypertension - several years

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cadle MD M. D. or other _____
Emmitthy Date signed 10-4-48
 Address _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10446-141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yearsHospital, institution, or street address where death occurred:
New Brunswick

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town New Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Rosa E. Bowers

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife John H. Bowers7. Birth date of deceased (mo., day, yr.) April 26 1859

6. (c) If alive, give age

8. AGE: Years 89 Months 5 Days 29 If less than one day
..... hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Housewife11. Industry or business HomeFATHER 12. Name Joseph Mock13. Birthplace VirginiaMOTHER 14. Maiden name Mary James15. Birthplace Virginia18. Informant Mrs. Freda BeachAddress Brunswick Md.17. Burial Date thereof Oct 28, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Union CemeteryLocation Lorettoville Va18. Funeral director C. H. Zick & BrosAddress Brunswick Md19. Oct 29 1948 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1948 at 9:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 19 1948 to Oct 25 1948and that I last saw him alive on Oct 30 1948Immediate cause of death Cerebral Hem

DURATION

7 days

Due to

Due to

Other condition Arterio Sclerosis 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress [Signature] Date signed 10/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10447

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? March, 1940
 Hospital, institution, or street address where death occurred:
Home for the Aged
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Home for the Aged
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

FLORENCE M. BRAMBLE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife James H. Bramble

7. Birth date of deceased (mo., day, yr.) July 4, 1861 8. (c) If alive, give age years

8. AGE: Years 87 Months 3 Days 14 If less than one day hrs. min.

9. Birthplace Kent County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Benjamin R. Gudgeon

13. Birthplace Kent County Maryland

14. Maiden name Susan C. (last name unknown)

15. Birthplace Kent County Maryland

16. Informant Home for the Aged Records
 Address 115 Record St., Frederick, Md.

17. Burial 10/20/48
 (Burial, cremation or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 20 Oct 1948 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18, 1948 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 4th 1948 to October 18, 1948
 and that I last saw him/her alive on October 18th 1948

Immediate cause of death Acute coronary DURATION Couple
of hours.

Due to Cardiovascular renal disease 2 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D.

Frederick, Maryland 10-20-48
 Address Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

10448

1. PLACE OF DEATH: Frederick
 County..... Central
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Central
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural -- Frederick
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME EDNA S. BRASHEARS

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Albert A. Brashears
 6. (c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) Aug. 27, 1896
 8. AGE: Years 52 Months 1 Days 22 If less than one day hrs. min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business John Smith
 12. Name Maryland
 13. Birthplace Sallie Strawsburg
 14. Maiden name Maryland
 15. Birthplace

16. Informant Albert A. Brashears
 Address R.D. 1 Frederick, Md.

Burial 10-22-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Locust Grove Brethren
 Location Locust Grove, Fred. Co. Md.
 18. Funeral director C. M. Waltz
 Address Winfield, Md.

19. Date rec'd by registrar 10/21/48 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19, 1948 at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18, 1948 to Oct 19, 1948 and that I last saw him alive on Oct 19, 1948

Immediate cause of death Diabetic melitis DURATION 6 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

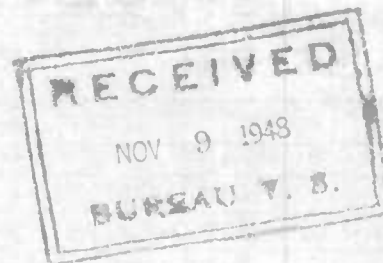
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop M.D.

Address New Market, Md. Date signed Oct 20, 1948

CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10449

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
201 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 201 South Market Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

RALPH STAUB BRUST

3. (b) Social Security Number

578-10-57884. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of ~~husband~~ or wife Mary Wolford6. (c) If alive, give age 39 years7. Birth date of deceased (mo., day, yr.) January 24, 19038. AGE: Years 45 Months 8 Days 26 If less than one day
..... hrs. min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Monocacy Valley Canning Co.12. Name James B. S. Brust13. Birthplace Frederick County Maryland14. Maiden name Sarah Elizabeth Ainsworth15. Birthplace Frederick County Maryland16. Informant Mrs. Mary BrustAddress 201 S. Market St., Frederick, Md17. Burial Date thereof 10/23/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 22 Oct 19 48 Elizabeth G. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 20, 1948 at 10:45P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
20 October 1948 to 20 October 1948and that I last saw him alive on 20 October 1948Immediate cause of death Coronary occlusionDURATION
hoursDue to Coronary sclerosis years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

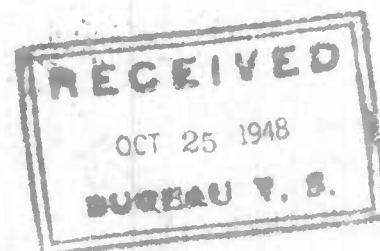
Means of injury Injured at work?

23. SIGNATURE James B. Thomas M. D.Address Frederick, Maryland Date signed 10-21-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10450

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 131 West Fourth Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

ALDRIDGE IJAMS BUXTON

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Ida Catherine Hedges7. Birth date of deceased (mo., day, yr.) June 15, 18558. AGE: Years 93 Months 4 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Harmony Grove-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Samuel Buxton13. Birthplace Frederick County Maryland14. Maiden name Ruth Mussetter15. Birthplace Frederick County Maryland16. Informant Frank H. LewisAddress 515 Fairview Ave., Frederick, Md.17. Burial Date thereof 11/2/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Utica CemeteryLocation Near Lewistown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Nov-1948 Elizabeth G. Hersh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1948 at 7 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1948 to Oct. 31 1948
and that I last saw him alive on Oct. 30 1948Immediate cause of death Cerebral HemorrhageDURATION 6 months

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Bernard O. Thomas Jr. M. D.Address Frederick, Maryland Date signed 11-1-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Address _____ Date signed _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10452

164C

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 Years
Hospital, institution, or street address where death occurred:
30 East Seventh Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 30 East Seventh Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
HENRY HARRISON CLAGGETT

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Minnie Jackson Herrell
8. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) November 13, 1888

8. AGE: Years 59 Months 11 Days 0 If less than one day
.....hrs.min.

9. Birthplace Prince Williams County Virginia
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Charles H. Claggett
13. Birthplace Virginia

14. Maiden name Salomia Virginia Edmonds
15. Birthplace Virginia

16. Informant Mrs. Minnie Claggett
Address 30 E. 7th St., Frederick, Md.

17. Burial Methodist Cemetery Date thereof 10/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hyattstown, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 15 Oct 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... T9..... 10..... 19.....
and that I last saw him alive on October 13, 1948

Immediate cause of death Gun Shot
wound of chest

Due to hemorrhage, shock

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 10-13-48
Where did injury occur? Frederick, Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury 12 Ga. Shotgun Injured at work? no

23. SIGNATURE P. W. Bour Deputy Medical Examiner
M. D. or other

Address Frederick, Maryland Date signed 10-13-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10453

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
Near Lewistown

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Lewistown
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EDITH ELIZABETH CLEM

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Raymond C. Clem</u>		
6. (c) If alive, give age <u>48</u> years		
7. Birth date at deceased (mo., day, yr.) <u>October 28, 1905</u>		
8. AGE: Years <u>42</u>	Months <u>11</u>	Days <u>10</u>
If less than one day hrs. min.		

8. Birthplace Braddock-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER Cyrus Bidle
 12. Name Frederick County Maryland
 13. Birthplace

MOTHER Lillie Bender
 14. Maiden name Frederick County Maryland
 15. Birthplace

16. Informant Raymond C. Clem
 Address R. F. D. #3, Frederick, Md.

17. Burial Date thereof 10/11/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery
 Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 11 Oct 1948 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1948 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to Oct 8 1948
 and that I last saw him alive on Oct 8 1948

Immediate cause of death Carcinoma Breast - metastases to lung liver and abdomen
 Due to

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

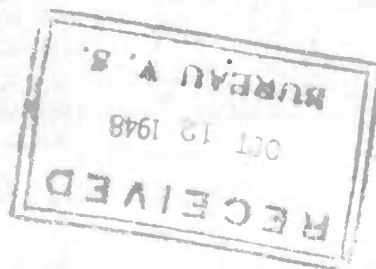
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Samuel P. Postday M.D.
 Address Frederick, Maryland Date signed 10-9-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10454

94-a

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredrickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)Street No. 21 Thurmont Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Howard Elroy Calliflowes

3. (b) Social Security Number

213-12-7341

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Mary Helen Calliflowes7. Birth date of deceased (mo., day, yr.) March 22, 1882

6. (c) If alive, give age years

8. AGE: Years 66 Months 7 Days 8 If less than one day
.....hrs.min.9. Birthplace Groesbeek, Fredrick Co., Md.
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name James Albert Calliflowes13. Birthplace Groesbeek, Md.14. Maiden name Ellen Jane15. Birthplace Groesbeek, Md.16. Informant Mrs. David HoganAddress 407 N. Market St. Fredrick Md17. Burial Date thereof Nov. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GroesbeekLocation Groesbeek, Md.18. Funeral director M. L. Rogers & SonAddress Thurmont, Md.19. Nov. 1 1948 Blanchet Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1948 at 12:30 AM21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
October 30 1948 to October 30 1948
and that I last saw him alive on October 30 1948Immediate cause of death Coronary occlusion DURATION 1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

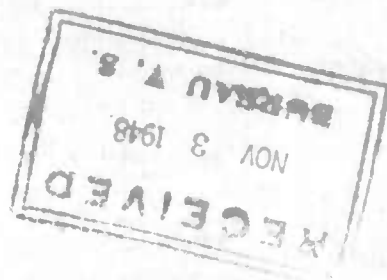
23. SIGNATURE M. Franklin Birch M. D. or otherAddress Thurmont Md. Date signed 10/30/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10455
131

1. PLACE OF DEATH:

County Frederick, Md
 City or town Rural, Frederick, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs - 4 mos - 16 das
 Hospital, institution, or street address where death occurred:
Montrose Co. Home
 How long in hospital or institution? 5 yrs - 4 mos - 16 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Graceland, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Julia R. Conner

3. (b) Social Security Number

no

4. Sex

Female

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife James H. Conner

deceased 6. (c) If alive, give age ✓ years

7. Birth date of

deceased (mo., day, yr.) Oct. 14, 1859

8. AGE:

Years

Months

Days

If less than one day

88

11

19

hrs.

min.

9. Birthplace

Frederick Co, Md
 (Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Cemetery or crematorium

Location

19. Funeral director

Address

20. Date of death

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 5 1948 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1948 to Oct. 5 1948

and that I last saw him alive on Oct. 4 1948

Immediate cause of death Cerebral hemorrhage

DURATION 2 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Bernard Thomas Jr. M.D.

M.D. or other _____

Address Frederick, Md

Date signed 10/5/48

8 Oct 1948

(Date rec'd by registrar)

Elizabeth G. Hark

Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

10456

131

Reg. Dist. No.

I. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Braddock

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)Street No. Braddock

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ANNA E. CONROY

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Dr. James G. Conroy8. If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) March 15, 1890

8. AGE:	Years	Months	Days	It less than one day
	<u>58</u>	<u>6</u>	<u>25</u>hrs.min.

9. Birthplace Hudson, Wisconsin
 (Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER	12. Name	<u>Michael McGraw</u>
	13. Birthplace	<u>Wisconsin</u>

MOTHER	14. Maiden name	<u>Annie C. Riley</u>
	15. Birthplace	<u>Toronto, Canada</u>

16. Informant Dr. James G. Conroy
 Address R. F. D. #5, Frederick, Md.

17. Burial Date thereof 10/13/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 12 Oct 1948 Elizabeth B. Heb.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1948 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1948 to Oct 10, 1948
 and that I last saw him alive on Oct 7, 1948

Immediate cause of death Chronic Myocarditis
 DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

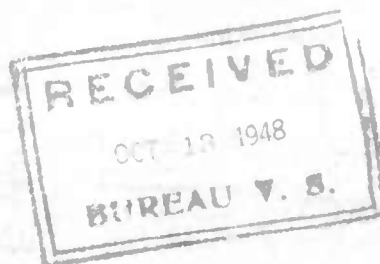
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Fisher M. D.

Address Frederick, Maryland M. D. or other 10-12-48
 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

326 Brunswick StHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 326 Brunswick St.
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (a) FULL NAME

Martha Isadore Border

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

B. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Johnson BorderB. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

May 25 1873

8. AGE:

Years

75

Months

4

Days

9

If less than one day

— hrs. — min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

George Washington Halper

13. Birthplace

Maryland

MOTHER

14. Maiden name

Littie J. Zerkow

15. Birthplace

18. Informant

Mrs Clara Borth

Address

Brunswick Md

17.

Burial (Burial, cremation, or removal. Which?)

Date thereof

Oct. 6 1948 (month) (day) (year)

Cemetery or crematory

Greenwood

Location

Brunswick Md

18. Funeral director

C. R. Zerkow

Address

Brunswick Md

19.

Oct 6 1948 (Date rec'd by registrar)Kathryn N. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1948, at 1 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on

from 1946 to Oct 4 1948and that I last saw her alive on Sept 30 1948

Immediate cause of death

Myocardial Infarction

DURATION

10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Kathryn N. Brown M. D. or otherDate signed Oct 6 1948

RECEIVED

OCT 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10458

83a

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 10 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 201 Rockwell Terrace
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

ADELE A. CRONISE

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) September 9, 18768. AGE: Years 72 Months 0 Days 29 If less than one day hrs. min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Calvin Cronise13. Birthplace Frederick County, Maryland14. Maiden name Margaretta Baker15. Birthplace Frederick County, Maryland16. Informant Mr. George C. HaneAddress Washington, D. C.17. Burial Date thereof October 11, 1948
(Burial, cremation or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 9 Oct 1948 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8th 1948 at 10:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 1948, to Oct. 8 1948, and that I last saw him alive on Oct. 8 1948.Immediate cause of death Cerebral Hemorrhage DURATION 1 dayDue to Due to Other conditions Hypertension 1 yr
(Include pregnancy within 3 months of death)Major findings of operations NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE A. A. Sears, M.D. M. D. or otherAddress Frederick, Md. Date signed 10/9/48

RECEIVED
OCT 12 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10459

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

227 East Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 227 East Church Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (a) FULL NAME

MINNIE JOSEPHINE CROUSE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) December 17, 1886 6.(c) If alive, give age..... years

8. AGE: Years 61 Months 9 Days 27 If less than one day
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William F. Crouse

13. Birthplace Pennsylvania

14. Maiden name Mary E. Neidhardt

15. Birthplace Frederick County Maryland

16. Informant Rudolph W. Crouse

Address 227 E. Church St., Frederick, Md.

17. Burial Date thereof 10/18/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 Oct 19 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14th 19 48 at 12:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 48 to October 14 19 48
 and that I last saw him alive on October 13 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 8 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Howard W. Ark M.D. M. D. or other

Address Frederick Md Date signed 10-14-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10460

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

400 Elm Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 400 Elm Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Alexander Windon Davis

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1948 at 8:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 14 1948 to Oct. 15 1948
and that I last saw him alive on Oct. 15 1948Immediate cause of death Coronary occlusion

DURATION

SuddenDue to narrowing of lumen of coronary vessels
Due to arteriosclerosis 3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

JM Godwin

M. D. or other

Address Frederick Md Date signed 10/17/48

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 16 - 1867

8. AGE:

Years

Months

Days

If less than one day

81528

hrs.

min.

9. Birthplace

Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

William Russell Davis

13. Birthplace

Frederick Co. Maryland

MOTHER

14. Maiden name

Antonia Windon

15. Birthplace

Frederick Co. Maryland

16. Informant

Wm B. Davis

Address

400 Elm St. Frederick Md

17. Burial

(Burial, cremation, or other)

Date thereof

Oct 18 - 1948
(month) (day) (year)

Cemetery or crematory

Pleasant Grove Cem.

Location

Fountain Mill - Maryland

18. Funeral director

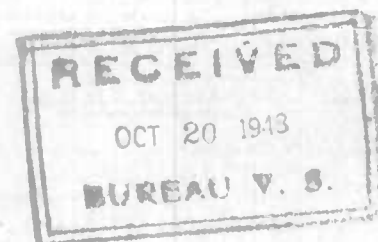
Address

Danvers - Maryland

19.

18 Oct 1948
(Date rec'd by registrar)Elizabeth B. Hecker
Registrar

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10461

1248

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5 West 5th Street
(If rural, give LOCATION)
World War I
2.(a) If veteran, name war

3.(a) FULL NAME

JAMES HOWARD DAY

3.(b) Social Security Number

220-10-5254

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mabel Perkins Day

7. Birth date of deceased (mo., day, yr.) March 25, 1896 6.(c) If alive, give age 48 years

8. AGE: Years 52 Months 6 Days 23 If less than one day hrs. min.

9. Birthplace Carroll County, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Marion S. Day

13. Birthplace Carroll County, Maryland

14. Maiden name Minnie Warfield

15. Birthplace Frederick County, Maryland

16. Informant Mrs. Minnie Jeffries

Address 5 West 5th St., Frederick, Md.

17. Burial Date thereof October 20, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 19 Oct 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18th 1948 at 1:07 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1946 to Oct. 18 1948
and that I last saw him alive on Oct. 17 1948

Immediate cause of death Ruptured Esophageal varicose vein DURATION 3 days

Due to Cirrhosis Liver 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D. M. D. or other

Address Frederick, Md Date signed 10/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1946

BUREAU 1 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10462 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Lisbon
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If valuer, name war _____ ✓

3. (a) FULL NAME

Gerald Dayhoff

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb'y 23, 1946 8. (c) If alive, give age _____ years8. AGE: Years 2 Months 7 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name Paul P. Dayhoff Jr.13. Birthplace Maryland14. Maiden name Elizabeth Munshaur15. Birthplace Maryland16. Informant Paul P. Dayhoff Jr.Address Lisbon, Md.17. Burial 10-21-48

(Burial, cremation, or removal, which?) Date thereof _____ (month) (day) (year)

Cemetery or crematory TaylorvilleLocation Taylorville, Carroll Co., Md.18. Funeral director C. M. WaltzAddress Winfield, Md.19. 19 Oct 48 Elizabeth G. Heck-

(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1948, at 6:30 A.M.21. I CERTIFY the death occurred on the date above stated; that I attended deceased from April 17 1946 to Oct 19 1948 and that I last saw him/her alive on Oct 18 1948Immediate cause of death Status EpilepticusDue to Epilepsy

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Munshaur M.D.Address Frederick, Md. Date signed 10/19/48

_____ M. D. or other

CERTIFICATE OF DEATH

NAME OF DECEASED

PLACE OF BIRTH

DATE OF DEATH

RECEIVED
OCT 21 1948
BUREAU 7. 5.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10463

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since Oct. 10, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 324 North Bentz Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME

MARY ELIZABETH DENNIS

3.(b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 7, 1942 8.(c) If alive, give age 6 years

8. AGE: Years 6 Months 7 Days 4 It less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Student

11. Industry or business Public School

12. Name Russell F. Dennis

13. Birthplace Frederick County Maryland

14. Maiden name Helen Kinna

15. Birthplace Frederick County Maryland

16. Informant Russell F. Dennis

Address 324 N. Bentz St., Frederick, Md.

17. Burial Mount Olivet Cemetery Date thereof 10/13/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Frederick, Maryland

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 12 Oct 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1948 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead Oct 11 1948

and that I last saw her live on Oct 11 1948

Immediate cause of death Fury & record

deeper form of entire

body

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accidental Date of 11-10-48

Where did injury occur? Frederick, Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury was playing with matches Injured at work? no

23. SIGNATURE P. W. Bau Deputy Med Ex.

Address Frederick, Md M. D. or other

Date signed 10-11-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date shown on:

FILM No. G 117 OCT 29 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10464

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
208 East Sixth Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 208 East Sixth Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES EDWARD ESTERLY, SR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Margaret Ellis
6. (c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) October 2, 1897 1864

8. AGE: Years 84 Months 0 Days 13 If less than one day
hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Philip Esterly

13. Birthplace Frederick County Maryland

14. Maiden name Sarah Daddison

15. Birthplace Frederick County Maryland

16. Informant Mrs. Margaret Esterly

Address 208 E. 6th St., Frederick, Md.

17. Burial Date thereof 10/19/48

(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 19 Oct 1948 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1948 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1948 to Oct. 15 1948
and that I last saw him alive on Oct. 15 1948

Immediate cause of death Acute Cor. Ar.
Dilatation

Due to Arterio Sclerosis
DURATION 4 hrs
5 days +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. O. Thomas M. D.

Frederick, Maryland M. D. of other

Address Date signed 10-18-48

RECEIVED

OCT 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10465

Reg. Dist. No. / 442

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Theresa Eyles

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Paul E. Eyles7. Birth date of deceased (mo., day, yr.) August 29, 1871

6. (c) If alive, give age _____ years

8. AGE: Years 77 Months 1 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Emmitsburg, Fred's Co. Md.
(Town, county and state)10. Usual occupation Retired11. Industry or business Homemaker12. Name Joseph Eyles13. Birthplace Emmitsburg, Md.14. Maiden name Eliza Metzger15. Birthplace Emmitsburg, Md.16. Informant Paul Raymond EylesAddress Thurmont, Md.17. Burial Date thereof Oct-25-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United ReformationLocation Thurmont, Md.18. Funeral director M. L. Cragger & SonAddress Thurmont, Md.19. Oct. 25 1948 Blaude S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1948 at 1:25 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1947 to October 23, 1948 and that I last saw him alive on October 21, 1948

Immediate cause of death _____ DURATION _____

chronic myocarditis ?

Due to _____

Due to _____

Other conditions ArteriosclerosisHypertension

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE M. Franklin Birch M. D. or other _____Address Thurmont, Md. Date signed 10/25/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10466

Reg. Dist. No. 131

1. PLACE OF DEATH

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 dayHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

Bessie Mae Fauble

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Charles William Fauble

7. Birth date of

deceased (mo., day, yr.)

April 25, 19176. (c) If alive, give age 29 years

8. AGE:

Years

Months

Days

If less than one day

31515

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

Benjamin Locks

13. Birthplace

Virginia

MOTHER

14. Maiden name

Grace Wellingsham

15. Birthplace

Virginia

16. Informant

Charles W. Fauble

Address

Knoxville Maryland.

17. Burial

(Burial, cremation, or removal, etc.)

Date thereof Oct. 12 1948

(month) (day) (year)

Cemetery or crematory

Reformed

Location

Knoxville Md.

18. Funeral director

C. N. Fute & Bros

Address

Brunswick Md.19. 12 Oct19 48

(Date rec'd by registrar)

Elizabeth G. Hack

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural Wesceton
(If outside city or town limits, write RURAL and give nearest town)Street No. Wesceton Hill

(If rural, give LOCATION)

2. (a) If veteran, name war

-

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 19 48 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 9 19 48 to Oct 10 19 48and that I last saw her alive on Oct 9 19 48Immediate cause of death Narcosis

DURATION

30 hours

Due to

Wayline poisoning

Due to

Prescribed by Physician

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

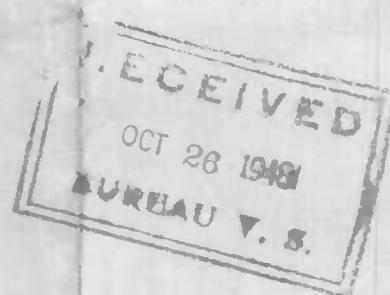
23. SIGNATURE

P. W. Bow

M. D. or other

Address

FrederickDate signed Oct 21 48



Was instructed to issue burial
permit, by Dr R W. Baer - Dept. Med. Ex.
Oct 12 - 1948.

Just received death Certificate today
with Medical Certification filled out
by Dr Baer. Elizabeth Heck 131

Oct 25 - 1948.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

County Frederick
 City or town Walpersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Walpersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 8. (b) Name of husband or wife Charles C Fogle 6. (c) If alive, give age 78 years
 7. Birth date of deceased (mo., day, yr.) Nov 8 - 1871
 8. AGE: Years 76 Months 11 Days - It less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business _____

12. Name Jerome Gaver
 13. Birthplace Frederick County
 14. Maiden name Margaret Clem
 15. Birthplace Frederick County

16. Informant Charles C Fogle
 Address Walpersville Md

17. Burial Date thereof Oct 10 1948
 (Burial, cremation, or removal of remains) (month) (day) (year)

Cemetery or crematorium Glade
 Location Walpersville

18. Funeral director E. C. Barton
 Address Walpersville Md

19. 9 Oct 19 48 Elizabeth B. Hech
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 19 48 at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 46 to Oct 8 19 48
 and that I last saw him alive on Oct 7, 48 19 48

Immediate cause of death Hypertensive Cardiovascular
Renal disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. E. PostdayAddress Walpersville, Md M. D. or other _____Date signed Oct 9, 48

10467

131a

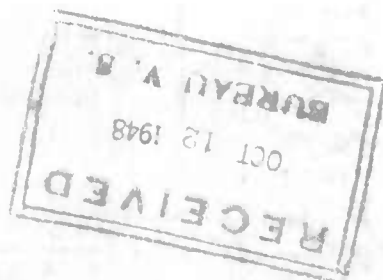
131

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10468

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. CountyCity or town Littletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Betty F. Galt

3. (b) Social Security Number

204. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife George P. Galt7. Birth date of deceased (mo., day, yr.) October 6, 1875- 6. (c) If alive, give age _____ years8. AGE: Years 72 Months 11 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace Westminster, Carroll Co. Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Housewife12. Name Thomas Hatcher13. Birthplace Westminster, Md.14. Maiden name Anna R.15. Birthplace Westminster, Md.16. Informant Mrs. Joseph EylesAddress Thurmont, Maryland17. Burial Date thereof Oct. 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Westminster CemeteryLocation Westminster, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Oct. 4 19 48 Blanche J. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1948 at 10:35 AM21. CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 - 1948 to Oct. 21 - 1948and that I last saw her alive on Feb. 15, 1948

Immediate cause of death _____ DURATION _____

Cerebral Hemorrhage SuddenDue to Cerebral arteriosclerosis andDue to hypertension 1 yr.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

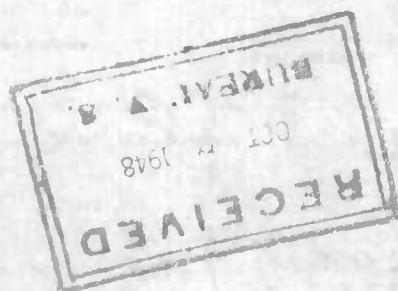
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James K. Gray M.D.Address Thurmont, Md. Date signed 10/4/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick

City Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 210 East Patrick Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

FLORENCE MATILDA GEESEY

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 27, 1860
6.(c) If alive, give age years

8. AGE: Years 88 Months 8 Days 15 If less than one day
.....hrs.min.

9. Birthplace Nr. Lewistown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John T. Geesey

13. Birthplace Frederick County Maryland

14. Maiden name Amelia Stull

15. Birthplace Frederick County Maryland

16. Informant Mrs. Clara Ramsburg

Address Frederick, Maryland

17. Burial Date thereof 10/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 Oct 1948 Elizabeth G. Heck
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1948 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to Oct. 12 1948
and that I last saw her alive on Oct. 11 1948

Immediate cause of death Cerebral hemorrhage
DURATION 1.5 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public places (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M. D.

Address Frederick, Maryland Date signed 10-14-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10469

RECEIVED
OCT 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hours
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Rosemont Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. North of Brunswick
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

George Thomas Hall

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single married, widowed, or divorced married
 6. (b) Name of husband or wife Kathryn N. Quinn
 7. Birth date of deceased (mo., day, yr.) February 18, 1888
 8. AGE: Years 60 Months 7 Days 13 If less than one day
 . hrs. . min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1948, at 12:30 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 1 1948 to Oct 1 1948
 and that I last saw him alive on Oct 1 1948
 Immediate cause of death Acute Pulmonary edema
Coronary Dec.
Arteriosclerosis
Due to
Arterial fibrillation
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.

DURATION

3 hrs4 hrs10 yrs

9. Birthplace Pennsylvania
 (Town, county, and state)
 10. Usual occupation Shop Foreman B.O.R.R.
 11. Industry or business Transportation
 12. Name Varo Hall
 13. Birthplace England
 14. Maiden name Ann Jane Figue
 15. Birthplace Pennsylvania

16. Informant Mrs. Kathryn N. Hall
 Address Brunswick Md.

17. Burial Date thereof Oct 4 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or ~~scullery~~ Hillabow
 Location Hillabow Virginia

19. Funeral director H. A. Felt & Son
 Address Brunswick, Maryland

18. 2 Oct 1948 Eligbeth H. Hecker
 (Date rec'd by registrar) Registrar

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. L. Lince M. D. or other
L. Jefferson
 Address Date signed 10/1/48

RECEIVED BY TELETYPE UNIT

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

DATE RECEIVED

NOT RECORDED IN FILE

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10471

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural Route #4 Teagaville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Teagaville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #4
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Roberta Rebecca Harrison

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife George Henry Harrison
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 2nd. 1869
 8. AGE: Years 79 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Augustus Roller
 13. Birthplace Virginia
 14. Maiden name Virginia Cooper
 15. Birthplace Virginia

16. Informant Charles W. Harrison
 Address Sandy Hook, Wicomico Co. Md.
 17. Burial Date thereof Oct. 26, 1948
 (Burial, cremation, or removal of body) (month) (day) (year)
 Cemetery or crematory Centerville
 Location Harrods Mills Md.
 18. Funeral director C. H. Fultz & Son
 Address Brunswick Md.

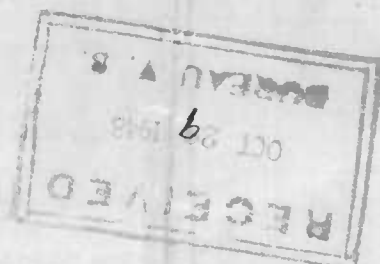
19. 25 October 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1948 at 12:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1948 to Oct. 24 1948
 and that I last saw him alive on Oct. 24 1948
 Immediate cause of death Chronic myocarditis
 DURATION years
 Due to Myocarditis years
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE C. F. Fultz M. D. or other _____
 Address Brunswick, Md. Date signed 10-24-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10472

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 29 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural - Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Coleridge
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Daniel C. Harshman
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1862

8. AGE: Years 85 Months 11 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace W. Myersville, Fred. Co. Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own Home

12. Name George Leatherman

13. Birthplace Md.

14. Maiden name Rebecca Johnson

15. Birthplace Md.

16. Informant Clyde Harshman

Address Middleton, Md.

17. Burial, cremation, or removal Which? Burial Date thereof 10-30-48
 (month) (day) (year)

Cemetery or crematory Grossnickles

Location W. Myersville

18. Funeral director Taul J. Bittle

Address Myersville, Md.

19. Oct 29 19 48 Delora Bittle
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1948 at 1:30 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to Oct 27 1948 and that I last saw him alive on Oct 27 1948

Immediate cause of death Cerebral Thrombosis DURATION 2 days

Due to Advanced Arteriosclerosis 5 yrs

Due to Smoking

Other conditions Myocarditis 2 yrs
Thrombosis and Embolism 2 days
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

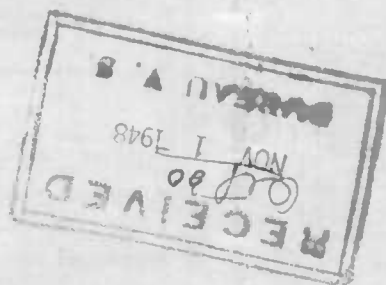
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. P. Luice M. D. or other

Address Jefferson Md. Date signed 10/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10473

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
201 West College Terrace
 How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 201 West College Terrace
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

VIRGINIA ELIZABETH HERRING

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife J. Bernard Herring
 6. (c) If alive, give age 35 years
 7. Birth date of deceased (mo., day, yr.) February 11, 1869
 8. AGE: Years 79 Months 8 Days 7 If less than one day
hrs. min.

9. Birthplace Adamstown-Frederick-Maryland
 (Town, county, and state)
At Home
 10. Usual occupation
 11. Industry or business
 12. Name George W. Brengle
 13. Birthplace Frederick County Maryland
 14. Maiden name Elizabeth Eckstine
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Harry D. Stup
 Address 201 W. College Terrace, Fred'k, Md.
 17. Burial Date thereof 10/20/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison & Son
 Address Frederick, Maryland

19. 19 Oct 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18, 19 48, at 2 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 18, 1948, to Oct. 18, 1948
 and that I last saw or Oct. 18, 1948
 Immediate cause of death Acute left
ventricular failure
 DUE TO Regenerative heart
disease
 DUE TO unknown
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M. D.
Frederick, Maryland M. D. or other
 Address Frederick, Maryland Date signed 1-19-48

RECEIVED

OCT 20 1943

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

HARRY CLAY HICKMAN

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of ~~wife~~ Grace P. Paxson6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) July 14, 1870

8. AGE: Years 78 Months 3 Days 14 If less than one day
 hrs. min.

9. Birthplace Loudoun County Virginia
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name George H. C. Hickman13. Birthplace Loudoun County Virginia14. Maiden name Mary Elizabeth Ritchie15. Birthplace Loudoun County Virginia16. Informant Mrs. Grace P. HickmanAddress Point of Rocks, Maryland17. Burial 10/31/48 Date thereof

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory St. Pauls CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 Oct 1948 Elizabeth G. Heck- Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1948 at 6:15P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27, 1948 to Oct. 28th 1948and that I last saw him alive on October 28th 1948Immediate cause of death Angina Pectoris DURATION 1/2 hourDue to Coronary Occlusion 3 monthsDue to Cardiovascular disease long per
iod.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE OT Culy M. D.Address Frederick, Maryland Date signed 10-29-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
 County Frederick
 City or town Woodsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Woodsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME David Thomas Hildebrand **3. (b) Social Security Number** _____

4. Sex M. **5. Color or race** W. **6. (a) Single, married, widowed, or divorced** Married
6. (b) Name of husband or wife Gordie Snow Stern
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Sept. 4, 1877
8. AGE: Years 71 Months 1 Days 27 It less than one day _____ hrs. _____ min.
9. Birthplace Rocky Springs Fred Co. Md.
 (Town, county, and state)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Joseph Hildebrand
13. Birthplace Frederick Co. Md.
14. Maiden name Ann E. Twenty
15. Birthplace Frederick Co. Md.
18. Informant Roger Hildebrand
 Address Woodsboro, Md.
17. Burial Date thereof Nov. 3, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Nat. Hope
 Location Woodsboro Md.
18. Funeral director Bowling & Hartzler
 Address Woodsboro, Md.
19. 10/31 1948 L. C. Kowale
 (Date rec'd by registrar) Registrar

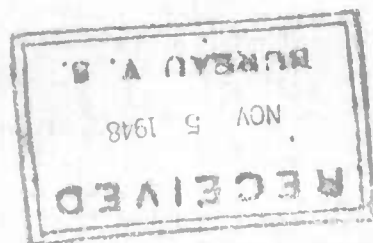
MEDICAL CERTIFICATION
20. DATE OF DEATH Oct 31 1948, at 11:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1948 to Oct 31 1948 and that I last saw him alive on Oct 31 1948
Immediate cause of death Coronary thrombosis
 DURATION _____
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
23. SIGNATURE Savall E. Costaday
Woltersville, Md Oct 21/48
 Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
given name shown on:

FILM No. G 117 NOV 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1948 CERTIFICATE OF DEATH

10476

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

101 West B St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 101 West B St.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME

Wilbur

William Edwin Hinkins

3.(b) Social Security Number

—

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

8.(b) Name of husband or wife

Mrs E. Forrest

7. Birth date of
deceased (mo., day, yr.)

Sept. 26 1898

6.(c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

50

0

22

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Barber

11. Industry or business

FATHER

12. Name

George Hinkins

13. Birthplace

Virginia

MOTHER

14. Maiden name

Mary Emma Moroney

15. Birthplace

Orlando, Va.

16. Informant

Mrs. Nina Hinkins

Address

Brunswick Md

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

Oct. 20 1948
(month) (day) (year)

Cemetery or crematory

Forest Valley

Location

Rural Brunswick Md

18. Funeral director

C. H. Zule + Bro

Address

Brunswick Md.

19.

Oct 19 48
(Date rec'd by registrar)

19

Kathryn T. Brown
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 19 48 at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 18 19 48 to Oct 18 19 48
and that I last saw him alive on Oct 18 19 48

Immediate cause of death

Coronary atherosclerosis

DURATION

Due to Chronic alcoholism

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Bore

M. D. or other

Address

Frederick, Md

Date signed Oct 18 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 134

1. PLACE OF DEATH:
 County Frederick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 71 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME Norman Ziegler Hoke

3. (b) Social Security Number

215-07-5007

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced divorced

6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 13, 1877

8. AGE: Years 71 Months 5 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Emmitsburg, Frederick co., Md.
 (Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business C. G. Frailey co.

12. Name Jacob L. Hoke

13. Birthplace Emmitsburg, Frederick Co., Md.

14. Maiden name Lydia Ann Ziegler

15. Birthplace Dillsburg, Pa.

16. Informant Mrs. Marion H. Rose

Address Emmitsburg, Md.

17. Burial Date thereof October 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elias Lutheran Cemetery

Location Emmitsburg, Frederick co., Md.

18. Funeral director S. L. Allison

Address Emmitsburg, Md.

19. Oct 28 19 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 19 48 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 48
 and that I last saw him alive on Oct 26 19 48

Immediate cause of death Cerebral hemorrhage DURATION 12 hrs

Due to Hypertensive cardiac vascular disease several years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. R. Cagle MD M. D. or other 10-27-48
 Address Emmitsburg Date signed _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10478
141

1. PLACE OF DEATH:

County FrederickCity or town Petersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Caroline Levenia Howard

4. Sex

Female

5. Color or race

Caucas

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Daniel Howard

7. Birth date of deceased (mo., day, yr.)

March 14 1869

6. (c) If alive, give age. _____ years

8. AGE:

Years

Months

Days

If less than one day

79810

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER

FATHER

12. Name

Joseph Hardy

13. Birthplace

Maryland

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Harry Howard

Address

Philadelphia Pa.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 27 1948
(month) (day) (year)

Cemetery or crematory

St. Marys

Location

Petersville Md

18. Funeral director

C. H. Fouts & Bro

Address

Brunswick Md

19.

Oct. 27. 48
(Date rec'd by registrar)

19

Kathryn H. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Petersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 24. 48

19. 48

at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 20. 48to Oct. 24. 48

19. 48

and that I last saw h. e. r. alive on

Oct. 20. 48

19. 48

Immediate cause of death

Myocardial

DURATION

4 days

Due to

Intoxicationgiven

Due to

Septicemiagiven

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Caroline M. Howard

M. D. or other

Address

Brunswick Md

Date signed

10-24-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10479

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place at death?..... 2 days
 Hospital, institution, or street address where death occurred:
 Frederick Memorial Hospital
 How long in hospital or institution?..... 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 38 East Second Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Baby Girl Hull, CAROL GOLDSBOROUGH

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced—

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

October 6, 1948

8. AGE:

Years

Months

Days

It less than one day

6

0

2

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

John L. Hull

13. Birthplace

Frederick, Maryland

14. Maiden name

Eleanor Goldsborough

15. Birthplace

Near Denton, Maryland

16. Informant

John L. Hull

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal—Which?)

Date thereof Oct. 9-1948

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C.E. Cline and Son

Address

Frederick, Maryland

19.

9 Oct 1948
(Date rec'd by registrar)Elisabeth H. Hahn
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 8 - 1948 at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 6 - 1948 to Oct. 8 - 1948

and that I last saw him alive on

Oct. 8 - 1948

Immediate cause of death

Anencephalus

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Byron D. White, M.D.

M. D. or other

Address

Frederick, Md.

Date signed 10/8/48

RECEIVED
OCT 12 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10480

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Glennhurst
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Jones

3. (b) Social Security Number

4. Sex

Male

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 20 1874

8. AGE:

Years

Months

Days

It less than one day

74414

hrs. _____ min.

9. Birthplace

Montgomery County Md.
(Town, county, and state)

10. Usual occupation

Labourer (farm)

11. Industry or business

FATHER

12. Name

Isaac Jones

13. Birthplace

Md.

MOTHER

14. Maiden name

Perilla Jones

15. Birthplace

Md.

16. Informant

Emergency Health Records

Address

Frederick Md.

17. Burial, cremation, or removal, when?

Buried

Date thereof

10/5/48
(month) (day) (year)

Cemetery or crematory

West Green Cemetery

Location

near Taylorsville Md.

18. Funeral director

J. B. Garton

Address

Leathemary Md.

19. (Date rec'd by registrar)

5 Oct 1948

19.48

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 19 48 at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 29 19 48 to Oct. 3 19 48and that I last saw him alive on Oct. 3 19 48

Immediate cause of death

Lobar Pneumonia, left lower lobe

DURATION

10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Bernard Thomas M.D.

M. D. or other

Address

Frederick Md.Date signed 10/4/48

CERTIFICATE OF DEATH

RECEIVED
OCT 11 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10481

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Edgar B. Keller

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Fannie Keller

6. (c) If alive, give age _____ years

7. Birth date of decedent (mo., day, yr.) April 5, 1869

8. AGE: Year 79 Month 6 Day 16 If less than one day _____ hr. _____ min.

9. Birthplace Middletown, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Henry Keller

13. Birthplace Middletown, Md.

14. Maiden name Frank Bizer

15. Birthplace Middletown, Md.

16. Informant Mrs. Carrie Keller

Address Middletown, Md.

17. Burial Date thereof Oct. 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Middletown, Md.

18. Funeral director Glaskill Co.

Address Middletown, Md.

19. Oct 23 1948 Marie Glaskill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1948 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended decedent from June 1944 to Oct 21 1948

and that I met and was alive on Oct 14 1948

Immediate cause of death _____ DURATION _____

Coronary Occlusion

Due to (Sudden)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (city or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work?

Signature J. E. Harp MD M. D. or other _____

Address Middletown Date signed 10-23-48

CERTIFICATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

RECEIVED
NOV 2 1948
BUREAU A. S.

RECEIVED
NOV 2 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10482

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
City or town Frederick, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Hattie L. Keller

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife Edward L. Keller

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 17, 1865

8. AGE: Years 83 Months 5 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland, Frederick County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Henry Michael

13. Birthplace M. D. Co., Maryland

14. Maiden name Jane Specht

15. Birthplace M. D. Co., Maryland

16. Informant Mr. Grover P. Keller

Address Baltimore, Maryland

17. Funeral Date thereof October 9, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 9 Oct 1948 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1948 at 11:15 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 to Oct. 6 1948

and that I last saw him alive on Oct. 5 1948

Immediate cause of death Coronary Occlusion DURATION 10 min.

Due to Generalized Arteriosclerosis 10 yrs.

Due to Ischemic Heart Disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard W. Cech M.D.

M. D. or other _____

Address Frederick, Md. Date signed 10-6-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10483

94a

1. PLACE OF DEATH:

County... **Frederick**
 City or town... **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **12 years**
 Hospital, institution, or street address where death occurred:
Linden Hills
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Frederick**
 City or town... **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Linden Hills**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **None**

3. (a) FULL NAME

Elizabeth Shepley Kline

3. (b) Social Security Number

None

4. Sex **Female** 5. Color or race **White** 6.(a) ~~Single, married, widowed, or divorced~~ **Widowed**
 6.(b) Name of husband or wife **Keller R. Kline**
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) **July 20-1879**
 8. AGE: Years **69** Months **3** Days **0** If less than one day... hrs. ... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 20th** 19 **48** at **3:30 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June** 19 **45** to **Oct 20** 19 **48**
 and that I last saw him or her alive on **Oct 19** 19 **48**

Immediate cause of death
Coronary Occlusion

DURATION

1 day

Due to **Ch. Shepley Kline Catheter**

Due to **6 yrs**

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE **U. G. Burns Jr** M.D.
Isabel M M. D. or other
 Address **1021-48** Date signed

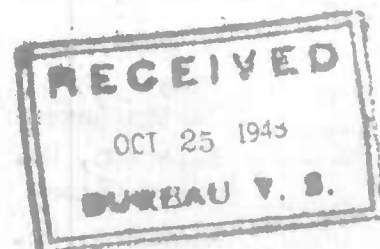
9. Birthplace **Ellerton, Maryland**
 (Town, county, and state)
 10. Usual occupation **Housekeeper**
 11. Industry or business **Home**
 12. Name **Martin Gaver**
 13. Birthplace **Ellerton, Md.**
 14. Maiden name **Susan Cline**
 15. Birthplace **Ellerton, Md.**
 16. Informant **Marion Paul Shepley- Son**
 Address **Linden Hills- Frederick, Md.**
 17. **Burial** Date thereof **Oct. 22-1948**
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or cremator **Frederick Memorial Park**
 Location **West of Frederick, Maryland**
 18. Funeral director **C.E.Cline and Son**
 Address **Frederick, Maryland**

19. **21 Oct** 19 **48** **Elizabeth G. Heck**
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10484

83a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 7 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)Street No. Rocky Spring

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

JOHN ALBERT KORRELL

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

8. (b) Name of husband or wife Cornelia Burrier7. Birth date of deceased (mo., day, yr.) July 25, 1853
8. (c) If alive, give age 94 years

8. AGE: Years <u>95</u>	Months <u>3</u>	Days <u>14</u>	If less than one dayhrs.min.
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9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name John A. Korrell13. Birthplace Germany14. Maiden name Elizabeth Sherman15. Birthplace Germany16. Informant Noah A. KorrellAddress Middletown, Maryland17. Burial Date thereof 10/11/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Rocky Spring CemeteryLocation Near Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Oct 1948 Elizabeth G. Heck
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 19 48 at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 46 to Oct 9 19 48
and that I last saw him alive on Oct. 8 19 48Immediate cause of death Cerebral hemorrhage
DURATION weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.
M. D. or otherAddress Frederick, Md. Date signed 10/11/48



13-11-1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10485

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 64 years

Hospital, institution, or street address where death occurred:

11 East B StHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 East B St.
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (a) FULL NAME

Elsie Martina Anderson La Pole

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Charles La Pole7. Birth date of deceased (mo., day, yr.) Sept. 19 18846. (c) If alive, give age 60 years8. AGE: 64 Years 1 Months 9 Days — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name George Isaac Robertson13. Birthplace Maryland14. Maiden name Mary E. Elizabeth W. Baker15. Birthplace Maryland16. Informant Charles La PoleAddress Brunswick Md17. Burial Date thereof Oct 30 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Park HeightsLocation Brunswick Md18. Funeral director C. H. Zutter & BrosAddress Brunswick Md19. Oct 30 19 48 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1948 at 6:51 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 1948 to Oct 28 1948and that I last saw him/her alive on Oct 28 1948Immediate cause of death IndigestionIndigestion

DURATION

4 yrs.Due to —Due to —Other conditions —

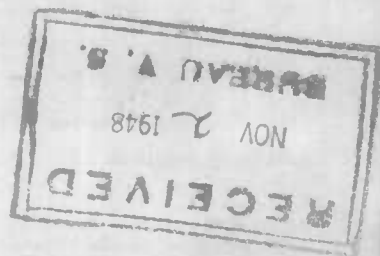
(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE [Signature] M. D. or other —Address Brunswick Md Date signed 10-29-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10486

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
 How long in hospital or institution? 7-22-48 - 10-6-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Montgomery
 City or town Clarksburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Vernonica Lewis

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife William Lewis7. Birth date of deceased (mo., day, yr.) Jan. 4, 1864

8. AGE: Years Months Days It less than one day

84 9 2 - hrs. - min.

9. Birthplace Mont. Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Gibson13. Birthplace Maryland14. Maiden name Lucinda Murphy15. Birthplace Maryland16. Informant Ms. Edward LewisAddress Clarksburg17. Burial Date thereof 10-8-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Clarksburg CemeteryLocation Clarksburg, Md.18. Funeral director E. C. BartonAddress Saithersburg, Md.19. 6 Oct 1948 Elizabeth G. Hecker
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1948 at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on Oct 6 1948

Immediate cause of death Fracture of left hip
General debility

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10487

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Montevue - County Home

How long in hospital or institution? 1 Month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 207 Phebus Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

JAMES PHILIP LYLES

3.(b) Social Security Number

None

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Fannie M. Gray

7. Birth date of deceased (mo., day, yr.) (Unknown) 1889? 8.(c) If alive, give age 1889? years

8. AGE: Years 59? Months Days If less than one day hrs. min.

9. Birthplace Hyattstown-Montgomery-Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Rudolph Lyles

Address 114 East St., Frederick, Md.

17. Burial Date thereof 10/6/48
(Burial, cremation, or removal - which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 5 Oct 1948 Elysha G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th 1948 at 2:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5 1948, to Oct. 4 1948
and that I last saw him alive on Oct. 3 1948

Immediate cause of death Cerebral hemorrhage DURATION 1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M. D.

Frederick, Maryland M. D. or other 10-5-48

Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1948
BUREAU V. S.

1948
39
1889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10488

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredens
 City or town Fredens
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

117 West 3rd St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FredensCity or town Fredens
(If outside city or town limits, write RURAL and give nearest town)Street No. 117 West 3rd St

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Jennie Berulus Mac Gill

3. (b) Social Security Number

none4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced unmarried6.(b) Name of husband or wife Dr. J. T. Mac Gill
(dead)7. Birth date of deceased (mo., day, yr.) July 4 18748. AGE: Years 74 Months 3 Days 15 If less than one day hrs. min.9. Birthplace Fredens, Md
(Town, county, and state)10. Usual occupation —11. Industry or business —12. Name Dr. Edw. Berulus13. Birthplace Middle town, Md14. Maiden name Mary Glasgow15. Birthplace Fredens, Md16. Informant Edw. Mac GillAddress Fredens, Md17. Bereal Date thereof 10/21/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Fredens, Md18. Funeral director Harry E. Gandy CoAddress Fredens, Md19. 21-Oct. 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1948 at 5:15 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14 1948 to October 19 1948
and that I last saw him alive on October 16 1948Immediate cause of death Acute dilatation of the heart DURATION 1 hr.Due to Chronic myocarditis underlyingDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Arthur F. Woodward M.D. M. D. or otherAddress Fredens, Md Date signed 10/19/48

RECEIVED
OCT 25 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10489

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredrickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County FredrickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. East Main
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Naomi Olivia Mackley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

J. J. Mackley

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

June 14, 1869

8. AGE:

Years

Months

Days

If less than one day

7947

hrs.

min.

9. Birthplace

Graceton, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Martin A. Fisher

13. Birthplace

Graceton, Md.

14. Maiden name

Mary S. Fisher

15. Birthplace

Graceton, Md.

16. Informant

Lloyd C. Mackley

Address

Thurmont, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 23, 1948
(month) (day) (year)

Cemetery or crematory

United Methodist

Location

Thurmont, Md.

18. Funeral director

M. B. Cramer & Son

Address

Thurmont, Md.

19. Oct. 22

1948
(Date rec'd by registrar)

48

Blanche S. Eyles
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 2119. 48at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 119. 48to Oct. 2119. 48

and that I last saw her alive on

Oct. 2019. 48

Immediate cause of death

DURATION

Organic heart disease - Myocarditis 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. Gray
Thurmont, Md.M.D.

M. D. or other

Address

Date signed

10/21/48

RECEIVED

OCT 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
503 West Second Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 503 West Second Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MARY MADGELINE MARTZ

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>	
6. (b) Name of husband or wife <u>John H. Martz</u>			
6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>May 23, 1875</u>			
8. AGE: Years <u>73</u>	Months <u>4</u>	Days <u>23</u>	If less than one day hrs. min.
9. Birthplace <u>Frederick-Frederick-Maryland</u> (Town, county, and state)			
10. Usual occupation <u>At Home</u>			
11. Industry or business			
FATHER	12. Name <u>Edward Koontz</u>		
	13. Birthplace <u>Frederick County Maryland</u>		
	14. Maiden name <u>Mary Eckstine</u>		
MOTHER	15. Birthplace <u>Frederick County Maryland</u>		
	Miss Eleanor C. Martz		
16. Informant <u>503 W 2nd St., Frederick, Md.</u> Address			
17. Burial <u>10/12/48</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Mount Olivet Cemetery</u> Location <u>Frederick, Maryland</u>			
18. Funeral director <u>M. R. Etchison and Son</u> Address <u>Frederick, Maryland</u>			
19. <u>12 Oct</u> 19 <u>48</u> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1948 at 1 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 19 48 to Oct 10 19 48
 and that I last saw him alive on Oct. 10 19 48
 Immediate cause of death Myocardial Infarction DURATION 1 day
 Due to hypertension 1 yr
 Due to hypertension
 Other conditions hypertensive heart disease
 (Include pregnancy within 3 months of death)
 Major findings of operations None Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury injured at work?

23. SIGNATURE A. A. Cress M. D.
Frederick, Maryland M. D. or other
 Date signed 10-11-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 10/13/48

Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since above date

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 2911 Bayonne Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war First World War ✓

3. (a) FULL NAME

Samuel L. McCallister

3. (b) Social Security Number

Does not have one

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married (Sep.)

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 5, 1897 6.(c) If alive, give age years

8. AGE: Years 51 Months 4 Days 12 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Amusement Park Business

11. Industry or business

FATHER 12. Name William McCallister
 13. Birthplace Philadelphia, Pa.

MOTHER 14. Maiden name Rachel Loughery
 15. Birthplace Philadelphia, Pa.

16. Informant Patient's Sister

Address

17. Burial Date thereof Oct. 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood Cem.

Location Baltimore Co., Md.

18. Funeral director Edw. Toulson

Address 2354 Washington Blvd.

19. 19 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1948 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/13/48 to 10/17 19 48

and that I last saw him alive on 10/17/48 19

Immediate cause of death Pulmonary Tuberculosis DURATION Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Ballin M. D. or Street

Address Date signed

RECEIVED

OCT 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

10492

131

131a

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Frederick
City or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Edward Nelson Miller

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary Fisher Miller 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1879

8. AGE: Years 69 Months 1 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name Edward Miller

13. Birthplace Middletown, Md.

14. Maiden name Sarah Pressler

15. Birthplace Middletown, Md.

16. Informant Mrs. Mary Miller

Address Middletown

17. Burial Date thereof Oct. 17, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium Reformed Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. 16 Oct 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1948 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 1948 to Oct 14 1948
and that I last saw him alive on Oct 13 1948

Immediate cause of death _____ DURATION
Cardio. Renal Vascular disease 2 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? now (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ injured at work?

23. SIGNATURE J E Harp. MD M. D. or other

Address Middletown Date signed 10-15-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
OCT 18 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10493

157d

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 monthsHospital, institution, or street address where death occurred:
261 St. Patrick St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 261 St. Patrick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Donald Wayne Moss

3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) June 15, 19488. AGE: Year 3 Month 27 Days — It less than one day — hrs. — min.9. Birthplace Frederick, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Elmer L. Moss13. Birthplace Buckhitterville, Md.14. Maiden name Anna Lee Delintew15. Birthplace Cherryville, Md.16. Informant Elmer L. MossAddress Frederick, Md.17. Burial Date thereof Oct. 15, 1948
(Burial, exhumation, or removal. Which?) (month) (day) (year)Cemetery or crematory Church of God CemeteryLocation Middletown, Md.18. Funeral director Seadhill Co.Address Middletown, Md.19. 14 Oct 19 48 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1948, 5:30 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1948 to Oct. 12, 1948 and that I last saw him alive on June 11, 1948Immediate cause of death Acute myocardial infarction DURATION 3 daysDue to Congenital Central Nervous System defect

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Gehl M.D.Address Frederick, Md. Date signed 10-13-48

MARGIN RESERVED FOR BINDING

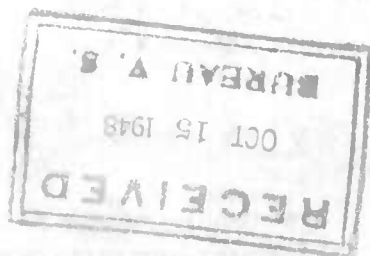
9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10494

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural, Rosemont
(If outside city or town limits, write RURAL and give nearest town)Street No. North Brunswick
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas L. Myers

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct. 3 1948, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 2 1948, to Oct. 3 1948and that I last saw him alive on Oct. 3 1948

Immediate cause of death

Acute Broncho-Pneumonia

DURATION

3 days

Due to

Influenza

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. A. Pearce, M.D.
Frederick Md. Date signed 10/3/48

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 26th 1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

157

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

12. Name

Carson Myers

13. Birthplace

Maryland

14. Maiden name

Lucy Jane Carver

15. Birthplace

Maryland

16. Informant

Mrs. Lucy G. Myers

Address

Brunswick Md.

17. Burial

(Burial, cremation, or other)

Date thereof Oct. 5-1948
(month) (day) (year)

Cemetery or crematory

Reformed

Location

Knights Md.

18. Funeral director

L. H. Peets & Co.

Address

Brunswick Md.

19. 4 Oct

(Date rec'd by registrar)

1948Elizabeth G. Heck

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10495

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 57
Hospital, institution, or street address where death occurred:
Visitation Cemetery
How long in hospital or institution? 57

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
Street No. East 2nd St
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Margaret O'Neill (sister Mary Joseph)

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1872

8. AGE: Years 76 Months 1 Days 2 If less than one day hrs. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation Religious (nun)

11. Industry or business

12. Name Joseph O'Neill

13. Birthplace Ireland

14. Maiden name Bridget McKenna

15. Birthplace Ireland

16. Informant Records of Visitation Cemetery

Address Fredrick, Md

17. Burial Date thereof 10/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Visitation Cem.

Location Fredrick, Md

18. Funeral director Harry E. Carty Co

Address Fredrick, Md

19. 21 Oct 19 48 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 19 48, at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 19 48 to Oct. 20 19 48

and that I last saw her alive on Oct. 20 19 48

Immediate cause of death Acute dilatation of heart DURATION 10 hours

Due to Chronic myocarditis 3 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M.D. M. D. or other

Address Templeville Md. Date signed 10-21-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10496

Reg. Dist. No. 131

1. PLACE OF DEATH: *Fredrick Memorial Hospital*
 County *Fredrick Co.*
 City or town *Fredrick, Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Fredrick Memorial Hosp
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md* County *Fredrick*
 City or town *Adamstown*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Rural R.D. 5*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Baby Boy Page Charles

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Oct - 20 - 1948* 6. (c) If alive, give age years

8. AGE: Years *0* Months *0* Days *2* If less than one day hrs. min.

8. Birthplace *Fredrick Md.*
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Mr C Meredith Page*13. Birthplace *Maryland*14. Maiden name *Beverly B. Bower*15. Birthplace *Washington, D.C.*16. Informant *C. Meredith Page*Address *Adamstown, Md*17. *Rural* Date thereof *10/23/48*
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Fred. Memorial Park*Location *Fredrick, Md*18. Funeral director *M. J. C. C. C.*Address *Fredrick, Md*19. *23-Oct-1948* *Elisabeth G. Heck*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Oct. 22 - 1948* at *1:40 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct. 20 - 1948* to *Oct. 22 - 1948*and that I last saw him alive on *Oct 22 1948*

Immediate cause of death

DURATION

Premature Birth (6 mos. +) *2 days*Due to *La Grippe -*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Byron J. White* M. D. or otherAddress *Fredrick, Md.* Date signed *10/24/48*

7441

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

RECEIVED

RECEIVED

OCT 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10497

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years
 Hospital, institution, or street address where death occurred:
104 N. 4th St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 104 N. 4th St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Stella May Potts

3. (b) Social Security Number

215-14-2336

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or George H. Potts
 6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) 10-24-1892
 8. AGE: Years 55 Months 11 Days 10 If less than one day _____ hrs. _____ min.
 9. Birthplace Frederick County, Maryland
 (Town, county, and state)
 10. Usual occupation Machine Operator
 11. Industry or business Tailoring Company
 12. Name Milton Q. Smith
 13. Birthplace Frederick Co. Md.
 14. Maiden name Louise Foreman
 15. Birthplace Frederick Co. Md.

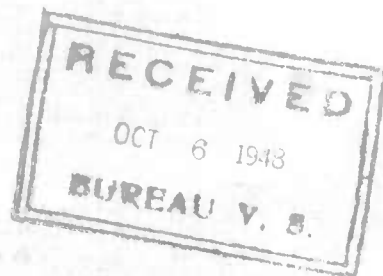
16. Informant Ralph H. L. Potts - Son
 Address 2 Hamilton Ave. - Frederick - Md.
 17. Burial Date thereof 10-6-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Rocky Hill Cemetery
 Location near Woodsboro - Md.
 18. Funeral director C. E. Cline & Son
 Address Frederick Maryland
 19. H. Oct 1948 Elizabeth S. Hark
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1948 at 5:30 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____
 and that I last saw him alive on 10 4 1948
 Immediate cause of death Coronary thrombosis DURATION 10 min
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE R. W. Barr Dynty used
Frederick Ex.
 Address _____ Date signed 10.4.48
 M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10498

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 66 years
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 227 East 6th
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

William L Ramsburg Sr

3. (b) Social Security Number

217-22-5613

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Margaret B. Ramsburg

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1882

6. (c) If alive, give age 63 years

8. AGE: Years 66 Months 8 Days 24 If less than one day
.....hrs.min.

9. Birthplace Frederick, Frederick, MD
(Town, county, and state)

10. Usual occupation upholsterer

11. Industry or business Auto repair

12. Name John H. Ramsburg

13. Birthplace Braddock, MD

14. Maiden name Alice Nicholas

15. Birthplace Frederick, MD

16. Informant Mrs. W. L. Ramsburg Sr.

Address Frederick, MD

17. Burial Date thereof 10/17/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, MD

18. Funeral director Harry E. Coats Co

Address Frederick, MD

19. 16 October 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 19 48 at 12:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 11 19 48 to Oct. 15 19 48 and that I last saw him alive on Oct. 15 19 48

Immediate cause of death Coronary thrombosis DURATION 4 days

Due to arteriosclerosis & hypertension 2 yrs

Due to hypertension 7

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. J. Harrison M. D. or other

Address Frederick, MD Date signed Oct 16 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
321 West Patrick Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 321 West Patrick Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

BERTIE BARE RAY

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) ~~Single, married, widowed, or divorced~~ M
6. (b) Name of husband or wife Elmer L. Ray
6. (c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) January 20, 1882
8. AGE: Years 66 Months 8 Days 24 If less than one day
hrs. min.

9. Birthplace Lewistown-Frederick-Maryland
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business

MOTHER FATHER
12. Name John A. Bare
13. Birthplace Frederick County Maryland
14. Maiden name Annie McCormick
15. Birthplace Frederick County Maryland

16. Informant Norman E. Ray
Address 321 W. Patrick St., Frederick, Md.
17. Burial Date thereof 10/17/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 16 Oct 19 48 Elizabeth B. Hock
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1948 at 11:05 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11, 1948 to October 14, 1948
and that I last saw her alive on October 14, 1948

Immediate cause of death
Cerebral Hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Ackman
M. D. or other
Address Frederick, Md. Date signed 10-15-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

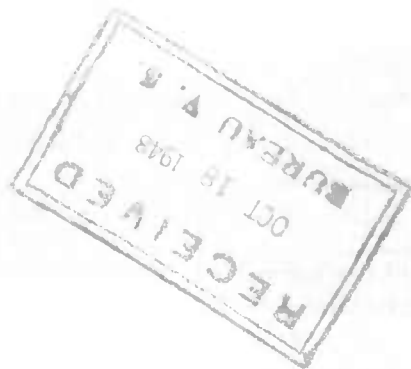
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10500

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mt Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. Route #2
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

David A. Rippeon Jr.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 22, 1945
6. (c) If alive, give age years8. AGE: Years Months Days If less than one day
2 9 27 hrs. min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name David Albert Rippeon Sr.13. Birthplace Frederick County, Maryland14. Maiden name Grace W. Beall15. Birthplace Frederick County Md16. Informant Hospital RecordsAddress Memorial Hospital, Frederick, Md17. Burial Date thereof Oct 22, 1948
(Burial, cremation, or removal: Which?) (month) (day) (year)Cemetery or place of interment Fairmount Cem.Location Libertytown, Maryland18. Funeral director Powell & HartzlerAddress Woodsboro, Md19. 20 Oct. 1948 Elizabeth G. Hecker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 19 48, at 3:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 19 48 to Oct 19 19 48
and that I last saw him alive on Oct 19 19 48

Immediate cause of death

Shock

DURATION

10 hoursDue to operation - appendicitis1 hr.Due to Appendicitis - acute
gangrenous & abscess36 hrs?

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations Gangrenous appendix & abscess & hemorrhage Date of op. Oct. 19, 1948Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

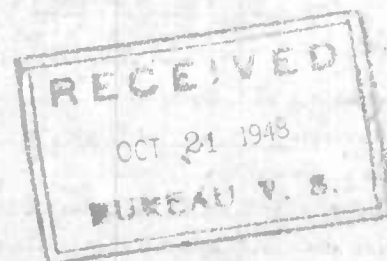
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Worthington M. D. or otherAddress Frederick - Md. Date signed Oct 20



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10501

74a

1. PLACE OF DEATH:

County Frederick

City or town Rural Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick

City or town Rural Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2(a) If veteran, name war —

3. (a) FULL NAME

Margaret Louise Roderuck

3. (b) Social Security Number

—

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1925

8. AGE: Years 22 Months 11 Days 20 It less than one day — hrs. — min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

12. Name J. Edgar Roderuck

13. Birthplace Frederick Co.

14. Maiden name Margaret Hazel Hedges

15. Birthplace Frederick Co.

16. Informant Mrs. Edgar Roderuck

Address Walkersville, md

17. Burial Date thereof Oct. 17, 1948
(Burial, cremation, or removal—Which?) (month) (day) (year)

Cemetery or crematory Blade

Location Walkersville, md

18. Funeral director J.C. Barton

Address Walkersville, md

19. 16 Oct 19 48 Elizabeth G. Hays
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 October 19 48 at 11:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 19 48 to October 13, 1948
and that I last saw h. ER alive on 13 October 19 48

Immediate cause of death Lymphoid LEUKEMIA
ALOEKEMIC TYPE

DURATION
18 MONTHS

Due to —

Due to —

Other conditions CHRONIC BRUCELOSIS 3 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE James E. Stoner Jr. MD

Walkersville, Md M. D. or other 14 Oct 48

Address — Date signed —

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 18 1948
BUREAU A. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10502

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 hrs 45 minutes
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 610 West Plains St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW 2

3. (a) FULL NAME

Mr Woodrow W H. Schaeffer

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, divorced married
 6. (b) Name of husband or wife Ruth Zimmer
 7. Birth date of deceased (mo., day, yr.) July 3 1917 6. (c) If alive, give age 24 years
 8. AGE: Years 31 Months 3 Days 11 It less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1948, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 13 1948, to October 13 1948
 and that I last saw him alive on October 13 1948

Immediate cause of death Myocardial
Insufficiency Contributing
cause Rheumatoid heart disease (prev)

DURATION

Due to a number of years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

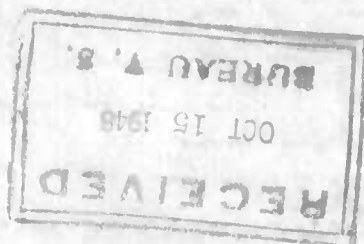
Means of injury Injured at work?

23. SIGNATURE

A. A. Sears, M.D.
Frederick Md. M. D. or other
 Address Date signed

9. Birthplace Penn.
 (Town, county, and state)
 10. Usual occupation Yard Supervisor, J. P. Kern Inc.
 11. Industry or business Lumber
 12. Name William T. Schaeffer
 13. Birthplace Penn.
 14. Maiden name Bessie Auld
 15. Birthplace Penn.
 16. Informant Mrs Bessie Schaeffer
 Address Brunswick Md.
 17. Brunswick Date thereof Oct. 15 1948
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematorium National
 Location Sharpsburg Md
 18. Funeral director B. R. Feltz & Son
 Address Brunswick Md.
 19. 13 Oct 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

10/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10503

1. PLACE OF DEATH:

County Frederick
 City or town Jefferson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
Near Jefferson
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Jefferson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Jefferson
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

DORA BELL SEE

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

8. (b) Name of husband or wife Lory D. See
 6. (c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) September 15, 1905
 8. AGE: Years 43 Months 1 Days 1 If less than one day
 hrs. min.

9. Birthplace West Virginia
 (Town, county, and state)
At Home
 10. Usual occupation
 11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Victoria Miller
 15. Birthplace West Virginia

16. Informant Lory D. See
 Address R. F. D. #1, Jefferson, Md.
 17. Burial Date thereof 10/19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or seminary Methodist Cemetery
 Location Fabius, West Virginia
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 18 Oct 1948 Elizabeth H. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

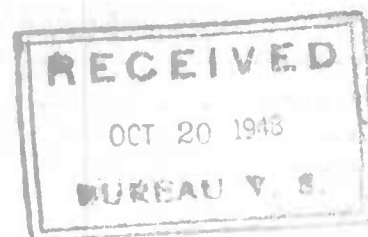
20. DATE OF DEATH Oct 16 1948 at 5 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1948 to Oct 16 1948
 and that I last saw her alive on Oct 17 1948
 Immediate cause of death Metastatic carcinoma DURATION 5 mo
Breast
 Due to Carcinoma 2 yrs
Breast
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE R. P. Bruce M. D.
Jefferson Md. M. D. or other
 Address Jefferson Md. Date signed 10/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

83a

10504

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

327 East Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 327 East Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY ELIZABETH SEEGER

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or ~~wife~~ Philip Seeger6. (c) If alive, give age 82 years7. Birth date of deceased (mo., day, yr.) February 15, 1869

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>1</u> hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Conrad Brust13. Birthplace Germany14. Maiden name Louisa Sandmyer15. Birthplace Germany16. Informant Philip SeegerAddress 327 E. Patrick St., Frederick, Md.17. Burial Date thereof 10/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 Oct 1948 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1948 at 8:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 4, 1948 to October 16, 1948
and that I last saw her alive on October 16, 1948Immediate cause of death Cerebral Hemorrhage DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Armand W. Anderson M. D. or otherAddress Frederick, Md. Date signed 10-16-48

RECEIVED

OCT 20 1945

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10505

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

119 Record Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 119 Record Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

3. (a) FULL NAME

CLINTON COOK SPARKS

3. (b) Social Security Number

212-05-0808

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Lelia Stump6. (c) If alive, give age 56 years

7. Birth date of

deceased (mo., day, yr.)

November 25, 1882

8. AGE:

Years

Months

Days

If less than one day

651010

.....hrs.min.

9. Birthplace

Kent Island, Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

C & P Telephone Co.

FATHER

12. Name

John Sparks

13. Birthplace

Kent Island, Maryland

MOTHER

14. Maiden name

Charlotte Meade

15. Birthplace

Kent Island, Maryland

16. Informant

Mrs. Lelia S. Sparks

Address

119 Record St., Frederick, Md.

17.

BurialDate thereof 10/8/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

W. R. Etchison and Son

Address

Frederick, Maryland

19.

7 Oct1948Elizabeth B. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 5th19483:15P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

until I last saw him/her alive on Oct 4 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, term, industry, public place (where?)

Means of injury

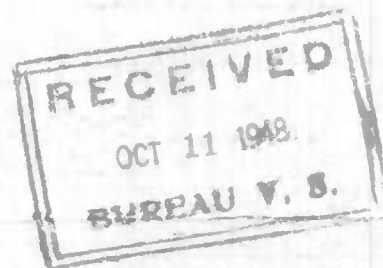
Injured at work?

23. SIGNATURE

M. D.

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10506

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. Home
 How long in hospital or institution? Since March 2, 1934

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. I. O. O. F. Home
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

ELIZA TEAS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced
W
 6. (b) Name of husband or wife Unknown
 6. (c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) February 25, 1860
 8. AGE: Years 88 Months 8 Days 3 If less than one day
hrs. min.

9. Birthplace Sussex County Delaware
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business
 12. Name Joseph Holland
 13. Birthplace Sussex County Delaware
 14. Maiden name Alice Ann Fisher
 15. Birthplace Sussex County Delaware
 16. Informant I. O. O. F. Home Records
 Address Frederick, Maryland
 17. Burial Date thereof 10/29/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory White Chapel Cemetery
 Location Milton, Delaware
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 29-Oct 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28, 1948 at 7:20 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1946 to Oct. 28, 1948
 and that I last saw him alive on Oct. 28 1948
 Immediate cause of death Cerebral Hemorrhage DURATION 1 day
 Due to arterio sclerosis 10 years
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE W. M. Smith M. D.
 Address Frederick, Maryland Date signed 10-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10507

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fredrick
 City or town Thurmont, rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Thurmont - rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Bernard Hattler

3. (b) Social Security Number

214-14-6967

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret Hett Hattler

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 17, 1899

8. AGE:

69416

If less than one day

hrs.

min.

9. Birthplace

Thurmont, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal Which?)

Date thereof

Oct. 6, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Oct. 6 - 1948
(Date rec'd by registrar)Blanche S. Eyer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1948 at 9:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 1946 to Oct 3 1948
and that I last saw him alive on Oct 3 1948

Immediate cause of death

Coronary occlusion

DURATION

6 hours

Due to

Arteriosclerosis
cardiovascular diseaseseveral
years

Due to

Myocardial Degenerationseveral
years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

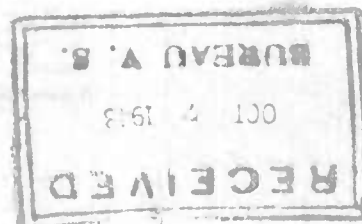
Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

W.R. Cully MD
Emmuthay Md MD
Address _____ Date signed 10-4-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10508

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Since 1942

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

Since October 18, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 517 Magnolia Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LEO THOMAS WATERMAN

3. (b) Social Security Number

226-01-0965

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of ~~husband~~ or wife Mae D. Salon6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) April 30, 1895

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>21</u>	hrs. min.

9. Birthplace Winchester, Kentucky
(Town, county, and state)10. Usual occupation District Manager11. Industry or business Peoples Service Drug Stores12. Name Thomas J. Waterman13. Birthplace Winchester, Kentucky14. Maiden name Catherine Shea15. Birthplace Winchester, Kentucky16. Informant Mrs. Mae WatermanAddress 517 Magnolia Ave., Frederick, Md.17. Burial Date thereof 10/25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sherwood Burial ParkLocation Roanoke, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 22 Oct 1948 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1948 at 5:05P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/14/48 to 10/21/48and that I last saw him alive on 10/21/48

Immediate cause of death

DURATION

Central Hemorrhage2 daysDue to Malignant HypertensionDue to ChronicOther conditions Chronic Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Goss M. D.Address Frederick, Maryland Date signed 10-22-48

RECEIVED

OCT 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10509

Reg. Dist. No. 131

I. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 YEARS
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jacob Winebrenner

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Emma C. Winebrenner

deceased 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1866

8. AGE: Years 81 Months 9 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name George Winebrenner

13. Birthplace md

14. Maiden name Susan Stambaugh

15. Birthplace md.

16. Informant Hospital Records

Address _____

17. Burial Date thereof 10-20-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Pine Grove

Location Mt. Airy, Carroll Co. Md.

18. Funeral director G. M. Wertz

Address Winfield, Md.

19. 18 Oct 19 48 Elizabeth G. Hark
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 19 48 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 46 to Oct. 18 19 48

and that I last saw him alive on Oct. 17 19 48

Immediate cause of death Cerebral hemorrhage

DURATION

5 minutes

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE Bernard J. Hunsch, M.D.

Frederick Md M. D. or other _____
 Address _____ Date signed 10/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

10510

932

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

31 Taney Apartments

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 31 Taney Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

FLO EDITH WOLFE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Harry E. Wolfe

7. Birth date of deceased (mo., day, yr.) March 17, 1889 6.(c) If alive, give age 59 years

8. AGE: Years 59 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Tyrone, Pennsylvania
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name John Hampton

13. Birthplace Belair County Pennsylvania

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Miss Maude D. Wolfe
Address 31 Taney Apts., Frederick, Md.

17. Burial Mount Olivet Cemetery Date thereof 10/27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Frederick, Maryland
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 26 Oct 1948 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1948 at 8:30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 10, 1948 to Oct 24, 1948
and that I last saw him alive on Oct 24, 1948

Immediate cause of death Chronic Myocarditis DURATION for

Due to Chronic Myocarditis
Due to Chronic Myocarditis
Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of None
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE M. R. Etchison M. D.
Address Frederick, Maryland Date signed 10-25-48

MARGIN RESERVED FOR BINDING

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VS A15 9-45/15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

